



**PATIENT**

Linx Rodriguez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

13.7 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Christina Poor,  
BVetMed

**INVOICE**

16565

**DATE**

05/28/26

**PRESENTING CLINICAL SIGNS**

Significant weight loss; decreased appetite. PE OK. ALT 16 (L), AST 15 (L), CK 28 (L), monocyte 639 (H), Spec fPL 0.6 WNL. \*FNA of liver mass taken at time of study

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly prominent in size. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.52 width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**Spleen**

The spleen was mildly enlarged and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.1 cm width level of the mid spleen.

**Liver & Gallbladder**

A mild to irregularly expansive non-homogenous mass was present in the right lateral to caudate liver measuring approximately 4.5 cm to 5.0 cm in diameter. The remainder of the liver exhibited subjective normal size, symmetrical contour, and homogenous parenchyma.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.23 cm wall width. The ileocolic wall measured 0.3 cm wall width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

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The pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

6 Years

**ULTRASONOGRAPHIC FINDINGS**

- Right lateral/caudate liver mass.
- Mild gallbladder debris.
- Sonographically normal gastrointestinal tract.
- Mild heterogeneous remodeled pancreas.
- Nonspecific bilateral renal medullary rim sign.
- Pinpoint dystrophic left adrenal mineralization- age-related finding in a cat.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Although pending sampling is required for further clarification, the liver mass is sonographically consistent with neoplastic criteria, i.e. carcinoma or other. No obvious evidence of gastrointestinal pathology as a contributing factor. Potential for concurrent mild chronic pancreatitis is possible.

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Pamela Harrigan,  
RDCS

Three view chest radiographs and a full GI panel to include PLI, TLI, cobalamin, and folate for further correlation with the pancreas and assess for non-structural intestinal disease as a contributing factor may be considered. Urinalysis is recommended, if not done.

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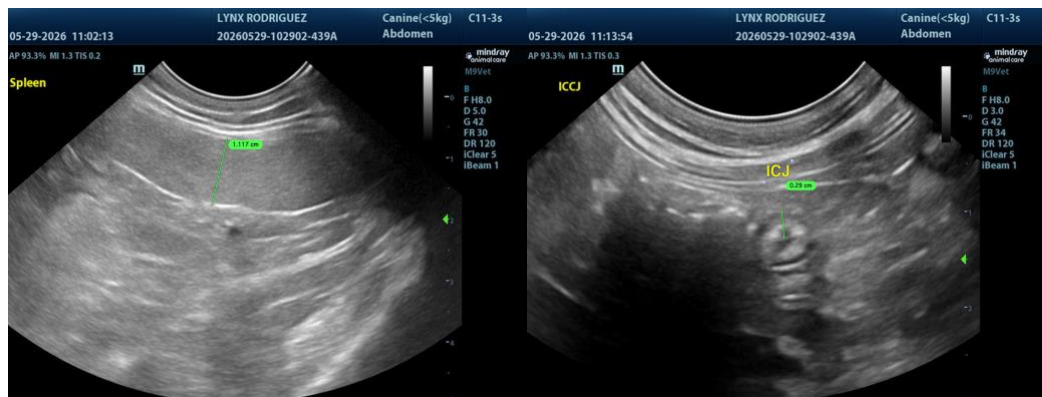
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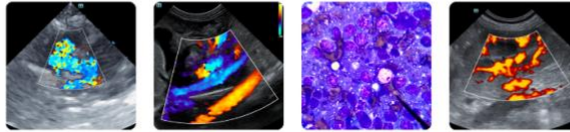
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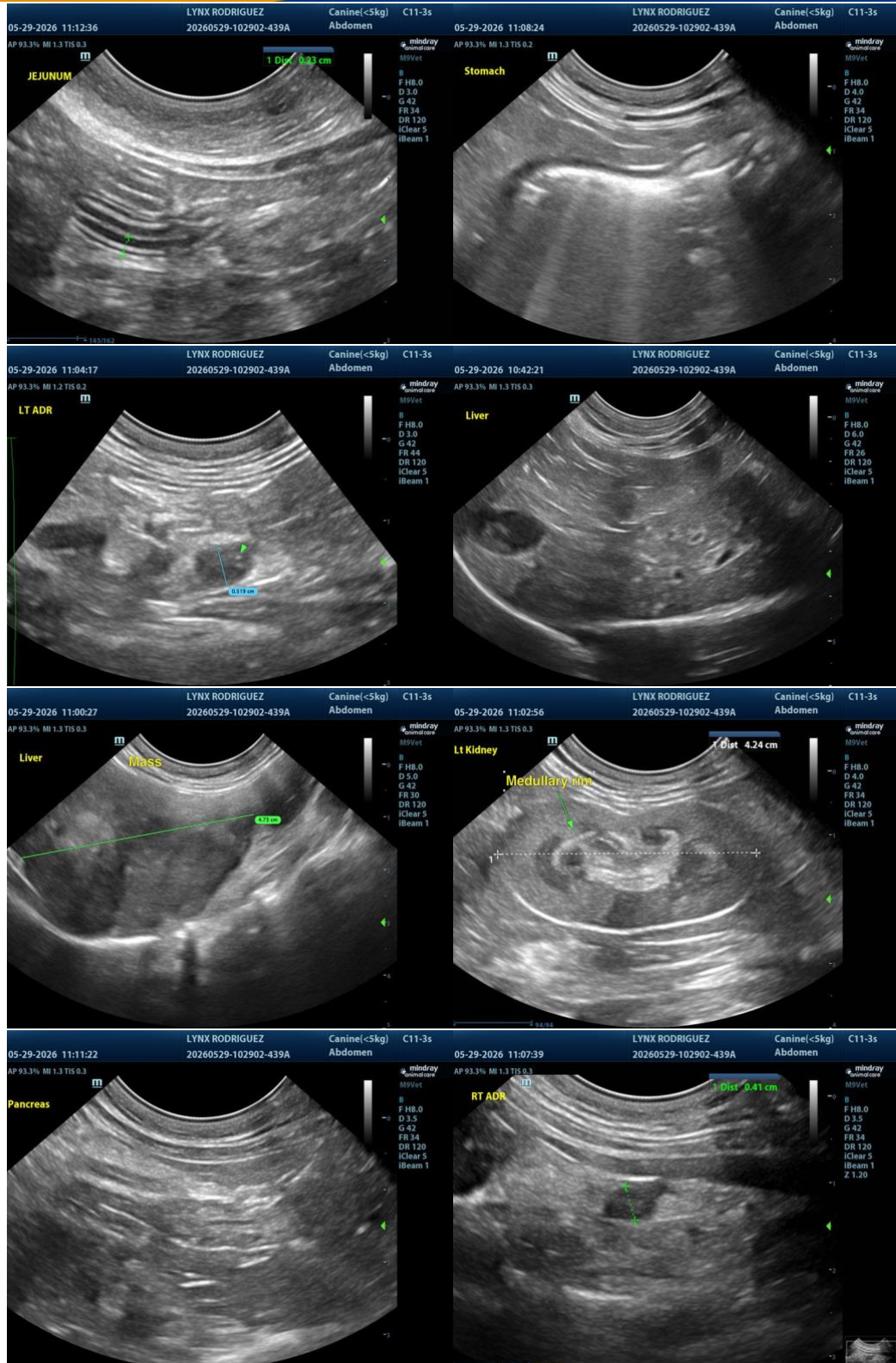
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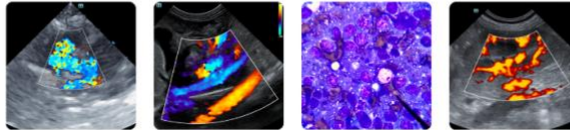
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)